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# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 1,435.00

## Complete if Known

|                      |                       |
|----------------------|-----------------------|
| Application Number   | 09/772116-Conf. #9135 |
| Filing Date          | January 26, 2001      |
| First Named Inventor | Howard BENJAMIN       |
| Examiner Name        | P. Ponnaluri          |
| Art Unit             | 1639                  |
| Attorney Docket No.  | PPI-012CNRCE          |

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order  
☒ Deposit Account ☐ None

Deposit Account Number 12-0080  
Deposit Account Name Lahive & Cockfield, LLP

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below  
☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17  
☒ Credit any overpayments

To the above-identified deposit account.

☐ Other (please identify):

## FEE CALCULATION

### 1. BASIC FILING FEE

| Fee Description        | Fee (\$) | Small Entity Fee (\$) | Fee Paid (\$) |
|------------------------|----------|-----------------------|---------------|
| Utility Filing Fee     | 790      | 395                   |               |
| Design Filing Fee      | 350      | 175                   |               |
| Plant Filing Fee       | 550      | 275                   |               |
| Reissue Filing Fee     | 790      | 395                   |               |
| Provisional Filing Fee | 160      | 80                    |               |
| Subtotal (1) \$        |          |                       | 0.00          |

## FEE CALCULATION (continued)

### 2. EXTRA CLAIM FEES

| Fee Description   | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20  | 18       | 9                     |
| Each independent claim over 3   | 88       | 44                    |
| Multiple dependent claims   | 300      | 150                   |
| For Reissues, each claim over 20 and more than in the original patent | 18       | 9                     |
| For Reissues, each independent claim more than in the original patent | 88       | 44                    |

Total Claims 21 Extra Claims - 34 = x =  
HP= highest number of total claims paid for, if greater than 20

Indep. Claims 3 Extra Claims - 4 = x =

HP= highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims Fee (\$ ) Fee Paid (\$ )

Subtotal (2) \$ 0.00

### 3. OTHER FEES

| Fee Description                     | Fee (\$) | Small Entity Fee (\$) | Fee Paid |
|-------------------------------------|----------|-----------------------|----------|
| 1-month extension of time           | 110      | 55                    |          |
| 2-month extension of time           | 430      | 215                   |          |
| 3-month extension of time           | 980      | 490                   |          |
| 4-month extension of time           | 1,530    | 765                   |          |
| 5-month extension of time           | 2,080    | 1,040                 | 1,040.00 |
| Information disclosure stmt. Fee    | 180      | 180                   |          |
| 37 CFR 1.17(q) processing fee       | 50       | 50                    |          |
| Non-English specification           | 130      | 130                   |          |
| Notice of Appeal                    | 340      | 170                   |          |
| Filing a brief in support of appeal | 340      | 170                   |          |
| Request for oral hearing            | 300      | 150                   |          |

Other: RCE fee under 37 CFR 1.17(d) 395.00

Subtotal (3) \$ 1,435.00

## SUBMITTED BY

|                   |  |                                   |                  |           |                |
|-------------------|--|-----------------------------------|------------------|-----------|----------------|
| Signature         |  | Registration No. (Attorney/Agent) | 56,266           | Telephone | (617) 227-7400 |
| Name (Print/Type) | Maria Laccotripe Zacharakis, Ph.D., J.D. | Date                              | December 3, 2004 |           |                |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 418 603 373 US, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 3, 2004

Signature: (Maria Laccotripe Zacharakis, Ph.D., J.D.)